

CHAPTER 1

INTRODUCTION

1.1 Introduction

This chapter explains the general idea behind the research and gives perspective the reason why it will be conducted. This chapter includes background of study, problem statement, research questions, research objectives, scope of study and the significance of study of this research. The study is conducted to determine the knowledge, attitude and practice (KAP) on disaster preparedness among hospital staffs.

1.2 Study Background

Disaster and emergencies has always been a part of life. Most of the world's population is prone to threats that are known as hazards. According to the United Nations International Strategy for Disaster Reduction (UNISDR), disaster can be defined as “a serious disruption of the functioning of the society, causing wide spread human, material or environmental losses which exceed the ability of the affected society to cope using its own resources” (Oreta, 2009). While World Health Organization – Emergency Humanitarian Action (WHO/EHA) defines emergency as a state in which normal technique or procedure and are suspended and extra-ordinary standard measures are taken in order to prevent a disaster. Preparedness intersects with both hazards research, which specialized on pre-disaster hazard susceptibility analysis and mitigation and also disaster research, which

specialized post-disaster emergency response and recovery. As stated by Sena and Micheal (2006), disaster preparedness is characterized as a condition if status to react to disaster, emergency or any other sort of crisis circumstance. The idea of disaster preparedness encompasses measures which focused on improving life well-being when a disaster occurs. It is a process in which ensuring that organization has complied with the preventive measures and in a condition of readiness to contain the impacts of predicted disaster event to limit death toll, injury and damage to property as well as environment (PAHO, 2014). For example a protective action that will be taken during flood, fire and chemical spillages. The action designed is taken into account to improve the potential so that the emergency action can be tackled to ensure property and control disaster harm and disturbance, and the capability to participate in post-disaster restoration and also early recovery activities (Sutton & Tierney, 2006).

Hospitals and health facilities can be influenced by natural phenomena such as earthquake, tremors, landslides and floods. It also can be harmed or damaged by man-made events such as fire, blast, or gas leaks. The ultimate objective of hospitals and health facilities is to avoid or limit the loss of lives during emergencies and disasters. Disaster preparedness can provide rescue, relief, recovery and other service after disaster event, and also have capability and assets to keep on sustaining its basic functions without being overpowered by the demand placed on them. Disaster preparedness is very important for the provision of adequate health care and to address the humanitarian challenges of disasters.

1.3 Problem Statement

Hospitals are health facilities in which it will act as strength during any incident of emergencies and disasters. In such situations, the primary obligations of health facilities such as hospitals or rural health clinics is prioritizing to save lives besides minimizing permanent disability, offering medical services and reduce the risk of ailment and death (IGAD, 1999). Thus they ought to be ready to save lives and should keep on going giving necessary emergencies and disasters.

The Malaysian National Security Council (MNSC) Directive 20 (2013) defines disaster as “an emergency situation of some complexity that will cause the loss of lives, damage property and the environment, and hamper local social and economic activities”. Three categories have been classified in disasters which are natural disaster, man-made disaster and hybrid disaster. In spite of the fact that Malaysia is geographically outside the Pacific Rim of fire and generally free from any extreme destruction caused by natural disasters such as earthquake and volcanic eruption, but the country experiences some man-made disasters which cause significant damages to property and loss of lives. Hence this study will identify any potential disaster that can occur at the hospital.

Disaster preparedness is a strategy by meant to increase the preparation or readiness as well as knowledge among workers (Nazli, Sipon & Radzi, 2014). Hospital staffs such as doctors and nurses play a significant role in allocating care during disasters and emergencies and also to lessen the impact of the catastrophe in the community. In each discipline, the people or experts are believed to have knowledge and willing for the essence of preparing for crisis or to cope with emergency situation (Ayuba, Danjuma, Nassa, Joseph, Matthew & Micheal, 2015). The critical preparedness factors of the hospital also will be analyzed to determine the presence or absence of the factors at the hospital.

Hospitals play a critical role in disasters or emergencies situation since it is situated in the middle of the city. The hospital has been faced an internal disaster which is an isolated fire due to short circuit, once at the end of last year. The short circuit happened at 2316 on 9 November 2016, originated from a wall plug beside the beds. Fortunately, none of the hospital staffs or patients from male medical ward was injured in the incident. The hospital staffs have taken a swift and correct decision to cut off the electricity and gas supply to the male ward. The action taken was crucial as it prevented the sparks due to the short circuit from becoming even worse. Other than that, Hospital Kuala Krai, Kelantan and Hospital Kemaman, Terengganu also have been faced with disaster . Both Hospitals Kuala Krai and Hospital Kemaman faced a serious flooding on December 2014 and November 2015 respectively. Both states are located at east coast of Peninsular Malaysia which makes the states vulnerable to monsoonal flood. To some extent, the flood that occurred affects the hospitals in the states. Hospital Kuala Krai had to operate in the dark